

MDR Tracking #M4-04-4175-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 12/5/03.

I. DISPUTE

Whether there should be reimbursement for date of service 8/25/03.

II. RATIONALE

The services in dispute were denied as, "YF-Reduced or denied in accordance with the appropriate fee guideline ground rule and/or maximum allowable reimbursement (MAR)."

The Requestor, in their letter dated 10/16/03, states, in part, "...letter attached regarding B & B Pain Management Facility as an Ambulatory Surgery Center." The Requestor did not submit information that demonstrates this facility as an Ambulatory Surgical Center.

The Carriers' position, in their letter dated 1/16/04, states, "It is this carrier's position the requestor, which is not a hospital or ambulatory surgical center, improperly billed facility charges on a UB-92."

Commission Rule 134.800 states, in part, "(a) ...health care providers shall submit medical bills for payment on the forms prescribed in this section in accordance with Commission-prescribed instructions, (b) Except as provided in subsections (c), (d), and (e) of this section, all health care providers, ... , shall submit medical bills using the national standard HCFA-1500 health insurance claim form, prepared according to Commission-prescribed instructions, and (c) Hospitals, including hospital-based emergency centers and ambulatory surgical centers, shall submit bills using the UB-92 billing form for institution services and the national standard HCFA-1500 health insurance claim form for professional services, prepared according to Commission-prescribed instructions for each form."

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 15th day of March 2004.

Terri Chance
Medical Dispute Resolution Officer
Medical Review Division

TC/tc